U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF		<u> </u>			COLUMN CARE AND CO	
	IT LEW,	15			CA HO . 05	-013 6ms
DEFENDANT	our				TYPE OF PROCESS	
c/v 50	UL 15 A	C/0 "	AT TIFE		TION OF PROPERTY TO	O SEIZE OR CONDEMN
	et or RFD, Apartment I	•	•	198	309	
SEND NOTICE OF SERVICE COPY		-	_	– – Number	of process to be	
JIMMIE	LEWIS, 5	181# SO	06622	served	with this Form - 285	4
DEL CORR. CENTER					of parties to be	41
1181 PADDOCK RO SMYRNA DE 19977					n this case	1 4
LSMYRNA DE 19977				Check for U.S.	or service A.	
SPECIAL INSTRUCTIONS OR OTH Telephone Numbers, and Estimated T.	imes Available For Servi	ice).				
Comp (FORM)	PLAINTS ,	ARE.	MTED	: 7/1	8/06,3/2	9/05,
			1	1/1	n= 10/	2/15
(FORM	7 PAUP	ERIS)	1/6/	03 7 10/	3/00
Signature of Attorney or other Originator	or requesting service on be	ehalf of:	© PLAINTIFE	TELEPI	HONE NUMBER	DATE/
Simmy,	I ewi	<u> </u>	☐ DEFENDA	A /	IA	7/17/06
SPACE BELOW FOR	USE OF U.S. M	ARSHA	L ONLY — D	O NOT	WRITE BELO	W THIS LINE
	otal Process District	District			Deputy or Clerk	Date
umber of process indicated. Sign only first USM 285 if more of Origin to Scree				4	SE.	10-4-0
than one USM 285 is submitted)	No	No		<u>_</u>		
I hereby certify and return that I \(\subset\) have on the individual, company, corporation						
I hereby certify and return that I			<u>_</u>			
Name and title of individual served (if not shown above)					suitable age and dis- esiding in the defendant's f abode.
Address (complete only if different than	shown above)				Date of Service	Time am
					10/4/06/	pm
					Signature of U.S.	Marshal or Deputy
						<u></u>
Service Fee Total Mileage Charge (including endeavo		Total Charges	Advance Deposits	Amount ov	ved to U.S. Marshål or	Amount of Refund
REMARKS:	0	LLIA	(iC)			
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Λ			•		02:8 MA 9-	700 100
l	ge- E eturn	uneac	ented		TALOS TRICI COURT DISTRICT COURT 1 OF DELAWARE	CLERK U.S.